



TRANSMITTAL FORM

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TRANSMITTAL FORM	Application Number	09/656,084	
	Filing Date	September 6, 2000	
	First Named Inventor	Barry N. KREISWIRTH et al.	
	Art Unit	1631	
	Examiner Name	Cheyne D. Ly	
Total Number of Pages in This Submission	48	Attorney Docket Number	19124.0002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Swidler Berlin LLP		
Signature			
Printed Name	Robert R. Seabold		
Date	November 28, 2005	Reg. No.	41,298

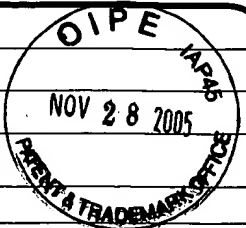
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Typed or printed name		Date	

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<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL for FY 2005</h2>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/656,084</td> </tr> <tr> <td>Filing Date</td> <td>September 6, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Barry N. KREISWIRTH et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Cheyne D. Ly</td> </tr> <tr> <td>Art Unit</td> <td>1631</td> </tr> <tr> <td>Attorney Docket No.</td> <td>19124.0002</td> </tr> </table>		Application Number	09/656,084	Filing Date	September 6, 2000	First Named Inventor	Barry N. KREISWIRTH et al.	Examiner Name	Cheyne D. Ly	Art Unit	1631	Attorney Docket No.	19124.0002
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$) 760.00</td> </tr> </table>				TOTAL AMOUNT OF PAYMENT	(\$) 760.00										
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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 19-5127 Deposit Account Name: Swidler Berlin LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity

Fee (\$)

50

200

360

Total Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

_____ -20 or HP= _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee(\$)

Fee Paid (\$)

_____ - 3 or HP= 0 x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x	_____	_____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Extension of Time Fee (3 mons) and Appeal Brief Fee

Fees Paid (\$)

760.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,298	Telephone	202-424-7500	
Name (Print/Type)	Robert R. Seabold	Date	November 28, 2005			

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